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“We learn about our body through trial and error ”: Comments on the status of sexual health education for underserved youth in Florida

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“We’re left to fend for ourselves as youth...we look up to older kids who are finally learning about their bodies—not through school, but through our own actions. We learn about our body through trial and error, through our own experiences.”

—an anonymous young person in Florida, recounting their experiences of sex ed

This brief is crafted by advisors to FLASH: the Florida Adolescent/Young Adult Sexual Health Network. It integrates epidemiological data and lived expertise to illustrate the urgency of expanding access to inclusive sexual education (“sex ed”) for all young people in Florida. Interested readers can learn more about FLASH on our website flashnetwork.org and our Linktree linktr.ee/flashnetwork.

I.

All Florida youth should have the right to sexuality and sexual health education that is medically accurate, developmentally appropriate, and speaks to their lived experiences. LGBTQ+ youth, disabled youth, and other underrepresented young people are done a disservice when schools’ sexuality and sexual health education programs do not include us in the conversation.

Done right, these programs can improve self-esteem, prevent violence, and promote health and wellness. Done incorrectly, these programs are not just a missed opportunity to better the lives of young people in our state—they actively do harm. We should all do what we can to make sure that all Floridian young people have access to programs that prepare them for life. Otherwise, Florida continues to fail its young adults, as they actively embrace their sexualities while lacking the resources to explore them safely.

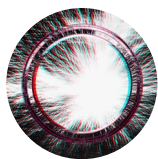
3%

—percentage of LGBTQ+ students in Florida that received sex education in schools that included them, according to GLSEN.¹

This is significantly less than the nation’s average of 19% of secondary schools in the U.S. that provide LGBTQ-inclusive sex education materials.² Regardless of the efforts of policymakers looking to erase LGBTQ+ experiences from school curricula, LGBTQ+ students deserve an education that addresses the health and wellness challenges that we face—often at higher rates than our straight and cisgender peers.

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II.

What is *inclusive sex ed*? Inclusive sex ed teaches all youth a variety of topics related to sex and sexuality and ensures that all people are affirmed in their identities and have the power to make decisions about their own health, pleasure, and wholeness. Inclusive sex ed speaks to the lived experiences of diverse people – including but not limited to those of sexual orientation, gender identity and expression, race, age, size, class, and ability.³

The inclusion of LGBTQ+ youth in sex education curricula is supported by the Society for Adolescent Medicine, the American Public Health Association, and the American Medical Association.² Research shows mental health benefits for *all* students, both LGBTQ+ and non-LGBTQ+, associated with inclusive sex ed curricula.⁴

But it is young sexually diverse people in Florida who can benefit most immediately from inclusive sexual health educations. Under the present model, LGB and other underserved youth continue to endure disproportionate risks to their health. In Central Florida, young people ages 15 to 24 represent 25% of the sexually active population but acquire half of all new STIs. Within the same age range, LGB students are shown to be 5.4% more likely than their heterosexual peers to have ever had sexual intercourse, 7.6% more likely to have had sexual intercourse before the age of 13, and 7.7% more likely to have had sexual intercourse with four or more partners. As well, LGB students are 3.9% more likely to report being currently sexually active and 3.4% less likely to have been tested for STIs.⁵ Most worryingly, 22.2% of LGB youth consumed alcohol before engaging in sex, and 39.6% reported never using a condom.⁵ It is clear that better understandings of sexual risk are needed in order to empower Florida's young people to protect their lifelong health and wellbeing.

But the issue is not as simple as the targeted exclusion of LGBTQ+ bodies and sexualities—it involves the *intentional centering* of cis-hetero, neurotypical, able-bodied lives, such that young people who do not inhabit these privileged identities are left behind.

One example: More than 400,000 public school students in Florida have a disability of some kind.⁶ Despite being 14% of all students in the state,⁶ youth with disabilities are still less likely to receive sex ed compared to youth with no disabilities.⁷ This is an injustice for disabled young people, as inclusive sexuality and sexual health education programs teach them (and all youth) to learn self-advocacy, bodily autonomy, and consent.⁷

One consequence: Young people excluded from current sex ed curricula must navigate their identities and sexualities without the foundations of a high-quality evidence-based sex ed:

Growing up in a predominantly white suburban part of Orlando, I had my fair share of experiencing the true colors of the conventional school system and ideology behind inclusive sexual education, while being a minority who was dealing with their sexuality,

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which did not match the common demographic. Which is a direct response to the idea that the “more we hide its existence the less we have to care about it.”

We’re left to fend for ourselves as youth, pushed into a new place where we look up to older kids who are finally learning about their bodies, not through school, but through our own actions. We learn about our body through trial and error, through our own experiences. Yet we disregard those who are physically, mentally, and socially abused because they don’t fit in. In school, we are pushed to pursue the core classes, and taking classes like sex ed are seen as weird, so no “cool” kid should be learning about sex and what it is to be an LGB youth.

As well as being a child of immigrants who did not put sexual health at the forefront of my learning as they did maths, extracurriculars, or sciences. Leaving it up to me with my mundane knowledge of sexual health to only understand that the simple basics.

—an anonymous young person in Florida, recounting their experiences of sex ed

The basics are not enough. The ongoing neglect of diverse young people’s needs in Florida’s present model of sex ed leaves them vulnerable to HIV and other STIs.

81%

—percentage of LGB young people that have never tested for HIV, according to the CDC.⁵

Not only does this gap in testing show the lack of effort put in by health care and education systems to provide proper education and resources to LGBTQ+ youth, it is contrary to the guidance of the Florida Department of Health, which specify that everyone between the ages of 13–64 should have an HIV test in their lifetime.⁸ In fact, Florida can go further: opt-out testing, in which HIV testing is integrated into routine care, can increase testing acceptance and serostatus awareness among young people.⁹

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